

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			↓				TOTAL IND.			↓				
TOTAL DEP.		←			←	←	TOTAL DEP.			↓		←	←	
TOTAL CLAIMS							TOTAL CLAIMS							

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/575432

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.		DEP.		IND.			IND.		DEP.		IND.			
	101							151							
102			/					152							
103				/				153							
104				/				154							
105					/			155							
106					/			156							
107					/			157							
108			/					158							
109				/				159							
110				/				160							
111					/			161							
112					/			162							
113					/			163							
114					/			164							
115					/			165							
116					/			166							
117			/					167							
118				/				168							
119				/				169							
120					/			170							
121					/			171							
122					/			172							
123					/			173							
124					/			174							
125					/			175							
126					/			176							
127					/			177							
128					/			178							
129					/			179							
130					/			180							
131					/			181							
132					/			182							
133			/	/				183							
134				/				184							
135				/				185							
136					/			186							
137								187							
138								188							
139								189							
140								190							
141								191							
142								192							
143								193							
144								194							
145								195							
146								196							
147								197							
148								198							
149								199							
150								200							
TOTAL IND.								TOTAL IND.							
TOTAL DEP.								TOTAL DEP.							
TOTAL CLAIMS								TOTAL CLAIMS							